

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, August 9, 2017
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: ORAL ANTICOAGULANTS

AHFS Drug Class Re-reviewed: PLATELET-AGGREGATION INHIBITORS

AHFS Drug Class Re-reviewed: ANTIARRHYTHMIC AGENTS

AHFS Drug Class Re-reviewed: CARDIOTONIC AGENTS

AHFS Drug Class Re-reviewed: CARDIAC DRUGS, MISCELLANEOUS

AHFS Drug Class Re-reviewed: BILE ACID SEQUESTRANTS

AHFS Drug Class Re-reviewed: CHOLESTEROL ABSORPTION INHIBITORS

AHFS Drug Class Re-reviewed: FIBRIC ACID DERIVATIVES

AHFS Drug Class Re-reviewed: HMG-CoA REDUCTASE INHIBITORS

**AHFS Drug Class Reviewed: PROPROTEIN CONVERTASE SUBTILISIN KEXIN TYPE 9
(PCSK9) INHIBITORS**

AHFS Drug Class Re-reviewed: ANTILIPEMIC AGENTS, MISCELLANEOUS

AHFS Drug Class Re-reviewed: NITRITES AND NITRATES

**AHFS Drug Class Reviewed: MISCELLANEOUS RENIN-ANGIOTENSIN-ALDOSTERONE
SYSTEM INHIBITORS**

**New Drug Reviewed: AHFS CLASS AMPHETAMINES
Adzenys XR-ODT**

Oral Anticoagulants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

COUMADIN*
ELIQUIS
PRADAXA
XARELTO

NON-PREFERRED BRAND or PA GENERIC

SAVAYSA

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Platelet-aggregation Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

BRILINTA

NON-PREFERRED BRAND or PA GENERIC

AGGRENOX*
EFFIENT
PERSANTINE*
PLAVIX*
ZONTIVITY

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Antiarrhythmic Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

MULTAQ
NEXTERONE
NORPACE*
NORPACE CR
PACERONE*
RYTHMOL SR*
TIKOSYN*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Cardiotonic Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

LANOXIN*
LANOXIN PEDIATRIC

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Cardiac Drugs, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CORLANOR
RANEXA

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Bile Acid Sequestrants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

COLESTID*
QUESTRAN*
QUESTRAN LIGHT*
WELCHOL

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Cholesterol Absorption Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ZETIA*

NON-PREFERRED BRAND or PA GENERIC

ezetimibe (generic)

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Fibric Acid Derivatives

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANTARA
FENOGLIDE*
FIBRICOR*
LIPOFEN*
LOPID*
TRICOR*
TRIGLIDE
TRILIPIX*

*Denotes generic available in at least one dosage form or strength
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HMG-CoA Reductase Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALTOPREV
CADUET*
CRESTOR*
LESCOL XL*
LIPITOR*
LIVALO
PRAVACHOL*
VYTORIN*
ZOCOR*

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Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

PRALUENT
REPATHA

*Denotes generic available in at least one dosage form or strength
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Antilipemic Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NIACOR

NON-PREFERRED BRAND or PA GENERIC

JUXTAPID
KYNAMRO
LOVAZA*
NIACOR
NIASPAN*
VASCEPA

*Denotes generic available in at least one dosage form or strength
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Nitrites and Nitrates

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NITRO-BID
NITROSTAT*

NON-PREFERRED BRAND or PA GENERIC

DILATRATE-SR
GONITRO
ISORDIL
ISORDIL TITRADOSE*
MINITRAN*
NITRO-DUR*
NITROLINGUAL*
NITROMIST*

*Denotes generic available in at least one dosage form or strength
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Miscellaneous Renin-Angiotensin-Aldosterone System Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ENTRESTO

NON-PREFERRED BRAND or PA GENERIC

NONE

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Drug name denotes all dosage forms and strengths unless noted

AMPHETAMINES
New Drug Review: ADZENYS XR-ODT®

PREFERRED GENERIC

All covered products

**PREFERRED
BRAND**

ADZENYS XR-ODT

**NON-PREFERRED BRAND
or PA GENERIC**

NONE

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted